



MEDI-CAL UPDATE

Part 2

Billing and Policy

www.medi-cal.ca.gov

Outpatient Services • Home Health Agencies and Home and Community-Based Services

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CPT-4 Procedure Codes, Modifiers Billing Reminder

Providers are reminded that they must select the appropriate CPT-4 code and modifier when billing. The CPT-4 code descriptor must match the procedure performed.

This information is reflected on manual replacement page ub comp op 19 (Part 2).



Inpatient Provider Cut-off Date for Proprietary and Non-HIPAA Standard Electronic Claims Formats: December 1, 2005

In accordance with efforts to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal has established a plan to discontinue acceptance of proprietary and non-HIPAA standard electronic formats for electronic claim transactions. The first provider community to be affected is the Inpatient provider community.

Beginning **December 1, 2005**, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.

Providers may call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

Cut-off dates for non-HIPAA standard claim formats for all other provider communities will be announced in upcoming *Medi-Cal Updates*.

Instructions for Manual Replacement Pages

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Remove and replace: cal child bil 1/2 *
ub comp 19/20

* Pages updated due to ongoing provider manual revisions.